

State of New York
Supreme Court, Appellate Division
Third Judicial Department
Attorney Grievance Committee
286 Washington Avenue Extension, Suite 200
Albany, NY 12203-6320
<http://www.nycourts.gov/ad3/agc>



**INSTRUCTIONS FOR FILING A COMPLAINT FOR
PROFESSIONAL MISCONDUCT AGAINST AN ATTORNEY**

Thank you for contacting the Attorney Grievance Committee, Third Judicial Department. Attached hereto is a Complaint Form. Please review the information set forth below prior to filing a complaint.

Prior to Drafting a Complaint

Making a complaint against an attorney is a very serious matter. Before taking that step it is often wise for the complainant to first, communicate with the attorney, preferably in writing, in an attempt to mutually work out a solution to existing problems or disputes, or pursue alternative methods of settling attorney-client disputes, if available. Once a complaint is filed, it cannot be withdrawn.

If a person believes that an attorney has engaged in professional misconduct, he or she may file a complaint against the attorney. The Committee's authority is to review complaints and determine if an attorney has engaged in professional misconduct in violation of the New York State Rules of Professional Conduct (22 NYCRR Part 1200). The Committee has limited authority to discipline attorneys for rude behavior, attorney-client disagreements, or the belief that an attorney did a poor job in representing a client.

Drafting a Complaint

Please fill out the Complaint Form as legibly as possible, preferably in type set form, setting forth a clear, concise statement of facts outlining the circumstances of the alleged professional misconduct. If available, provide copies of any documents, including retainer agreements, bills and other written evidence that support the allegations. Please do not provide original supporting documents as they will not be returned. If applicable, include the names, addresses, and contact numbers for any witnesses who can support the allegations. You may submit additional pages to the Complaint Form if required. Should you prefer, you may attach a typed letter and/or explanation to the Complaint Form. Separate Complaint Forms must be filed if multiple attorneys are involved.

Filing the Complaint

Return the Complaint Form to our office with your **original signature** affixed thereon, together with any supporting documentation. Please be advised that any form submitted without an original signature, or that is not legible, will not be reviewed. Complaints against attorneys cannot be filed anonymously. **Please allow us sixty days for receiving and acknowledging your complaint.**

***Additional information, including an Overview of the Attorney Disciplinary Process, and a fillable Complaint Form, can be found on our webpage listed above.**

The Committee is prohibited from assisting you in pursuing any legal claim, including seeking legal fees, which you may have against an attorney. If you wish to pursue such a claim, we suggest you consult with a lawyer of your own choosing for advice.

COMPLAINT FORM

TO: Attorney Grievance Committee
Third Judicial Department
286 Washington Avenue Extension, Suite 200
Albany, NY 12203-6320

Complainant's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Email: _____

(IF MORE THAN ONE ATTORNEY IS INVOLVED, FILE A SEPARATE COMPLAINT FORM FOR EACH)

Attorney's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Phone: (____) _____ Email: _____

1. Have you filed a complaint concerning this matter with another attorney grievance committee, state attorney general's office or any other agency? Yes () No ()

If yes, please provide:

Name of Agency: _____

Action Taken by Agency: _____

2. Have you brought a civil action against this attorney? Yes () No ()

If yes, please provide:

Name of Court: _____

Result: _____

